



Original Medicare vs. Medicare Advantage

Compare the two so you can choose the right Medicare option for your needs.

With so much information out there about Medicare and all the parts and plans available, it's easy to feel overwhelmed. To help you get started, we've compiled a useful comparison chart showing all the differences between Original Medicare and a Medicare Advantage plan.

First, let's go over the parts of Medicare:

- ✔ **Part A** is hospital coverage for inpatient stays while in a hospital or skilled nursing facility.
 - ✔ **Part B** is medical coverage for doctor visits and related care, plus many outpatient services.
- Together, Parts A and B are managed by the federal government and called Original Medicare.
- ✔ **Part C** combines Parts A and B under one plan, also known as Medicare Advantage plans, which are administered by private insurers like Florida Blue Medicare.
 - ✔ **Part D** is prescription drug coverage (not included in Original Medicare but often included in Medicare Advantage plans; can also be a standalone plan).

Original Medicare vs. Medicare Advantage

What's included?	Original Medicare (Parts A & B)	Medicare Advantage (Part C)
Inpatient care, such as hospital stays, skilled nursing facility care (Part A)	✔	✔
Doctor visits, medical supplies and some outpatient services and preventive care (Part B)	✔	✔
Prescription drugs (Part D)	Not included unless you purchase a standalone Part D plan	✔ *

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Original Medicare vs. Medicare Advantage

What's included?	Original Medicare (Parts A & B)	Medicare Advantage (Part C)
Vision, hearing and dental services	Not included	✓ *
Fitness benefits	Not included	✓ *
\$0 monthly premium for Part C benefits	Not included	✓ *
Annual out-of-pocket maximum	There's no limit to your out-of-pocket spending	✓ Yearly out-of-pocket limited to Part A & B covered services

*Included in most Florida Blue Medicare Advantage plans, see statement of benefits for each plan

In addition, there are several types of Medicare Advantage (MA) plans available to you, but the majority of those who choose an MA plan, select either a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO).

Differences Between PPO and HMO Medicare Advantage Plans

	PPO	HMO
Need to select a primary care doctor?	No	Yes
Must stay in the plan's network?	No, but if you stay in network the copays may be lower	Yes, except in case of an emergency
Coverage for out-of-network care?	Yes, but if you stay in network costs may be lower	No
Referrals needed to see a Specialist?	No	Yes

In summary:

Original Medicare covers many health care services, but it doesn't cover all of your medical expenses or additional services.

Medicare Advantage plans cover everything Original Medicare covers plus extra benefits, like vision, hearing and dental services, often for a \$0 premium.

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The two main types of Medicare Advantage plans are PPO and HMO.

- ✔ If *flexibility* and *freedom* to see any doctor are most important to you, a Medicare Advantage PPO plan may be right for you.
- ✔ If having a *consistent point of contact for care* and cost savings are most important to you, a Medicare Advantage HMO may be your best choice.

Medicare Parts A and B and are often paired with a Medicare Part D plan. Most Medicare Supplement plans allow you to choose any doctor, specialist or hospital that accepts Medicare. The benefits provided and premium amounts depend on the plan you choose, your age, tobacco use and county of primary residence.

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